

2010 ELECTION CYCLE

Judicial Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
 2010 Judicial Election



Name of Candidate William Tisdale
 Address _____ County Harrison
 Telephone Work _____ Home _____ Fax _____
 Contact Name Timothy L. Murr Email Address tim@pmktlaw.com
 Office Sought Chancellor

☐ Check here if above is different from previous report

____ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
 ____ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
X July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
 ____ October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
 ____ October 28, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
 ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 15, 2010).....Runoff Candidates
 ____ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
 ____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-307 (b) (II) and (III).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 500.00 +\$	\$500.00	\$ 2,715.00
Total amount of disbursements	\$ +\$	\$ -0-	\$ -0-
Total amount of cash on hand		\$ 2,715.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

William E. Tisdale
 Signature of Candidate

7/9/10
 Date

Authority: Refer to Miss. Code Ann. §23-15-301 (1972) et seq. for statutory requirements.
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-311 and 312 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-358-1489 or 601-576-2418.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 01-10

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Name of Candidate or Committee William Tisdale
 Reporting period June 1, 2010 through June 30, 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Suzanne Baker-Steele, Attorney at Law PLLC</u>	<u>5 26 10</u>	\$ <u>500.00</u>
Mailing Address <u>Post Office Box 1287</u>	<u> / / </u>	\$
City, State, Zip Code <u>Wiloxi, MS 39533</u>	<u> / / </u>	\$
Name of Employer (Required) <u>same as above</u>	<u> / / </u>	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u> / / </u>	\$
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u> / / </u>	\$
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u> / / </u>	\$
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$

SS04-05